

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/082-663

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14	1			
15				
16				
17				
18	1			
19				
20				
21				
22				
23				
24	1			
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35	1			
36				
37				
38				
39				
40				
41				
42				
43				
44				
45				
46				
47				
48				
49				
50				
TOTAL IND.	6			
TOTAL DEP.	34			
TOTAL CLAIMS	40			

TOTAL IND.			
TOTAL DEP.			
TOTAL CLAIMS			